



# **NicaSalud Network Federation**

## **USAID /Families United for Health Project**

### **FOURTEENTH TRIMESTER REPORT**

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**July – September 2009**

**Managua, Nicaragua, September 2009**







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## ACRONYMS

ADP	Association for the Development of Small Towns
ADRA	Adventist Development and Relief Agency International
AIDS	Acquired Autoimmune Immunodeficiency Syndrome
AIEPI	Comprehensive Care for Illnesses Prevalent during Childhood
AOP	Annual Operating Plan
BP	Birth Plan for a Safe Pregnancy
CARE	Cooperative for Assistance and Relief Everywhere
CEPS	Center for Social Studies and Promotion
CEPRESI	Center for AIDS Prevention
CHES	Children, Health, Education and Supporting Services
CM	Contraceptive Method
COTESAN	Nutritional Food Security Technical Committee
CRS	Catholic Relief Services
DAIA	Assured Availability of Contraceptive Supplies
DPSV	Life-Saving Skills
ECMAC	Community Based Distribution of Contraceptives
FamiSalud	Families United for Health
HCI	Health Care Improvement Project
HIV	Human Immune Deficiency Virus
HOPE	Health Opportunities for People Everywhere
INSS	Nicaraguan Institute of Social Security
INPRHU	Institute for Human Promotion
M&E	Monitoring and Evaluation
MAGFOR	Ministry of Agriculture, Livestock and Forestry
MDP	Method Described in the Program
MINSA	Nicaraguan Ministry of Health
MINED	Nicaraguan Ministry de Education
MOSAFC	Family and Community Health Model
MSH	Management Sciences for Health
NGO	Non Governmental Organization
ORS	Oral Rehydration Salts
PAHO	Pan American Health Organization
PASMO	Pan American Social Marketing Organization
PCI	Project Concern International
PLAN	Plan Internacional Nicaragua
PROCOSAN	Health and Nutrition Community Program
PROFAMILIA	Association for the Well-being of Nicaraguan Families
PRONICASS/USAID	Support Project for the Nicaraguan Social Sector/USAID
RAAN	North Atlantic Autonomous Region
RAAS	South Atlantic Autonomous Region
SILAIS	Local Integrated Health Care System
SINAPRED	National System for the Prevention of Disasters
SIVIN	Integrated Surveillance System for Nutritional Intervention
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Diseases
TQM	Total Quality Method
UNAN	National Autonomous University of Nicaragua
UNICEF	United Nations International Children's Emergency Fund
USAID	U.S. Agency for International Development
UPOLI	Poly-technical University

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## INTRODUCTION

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This document presents the principal activities carried out in the fourteenth trimester of the Families United for Health Project, corresponding to July through September of 2009.

During this trimester, the first phase of the FamiSalud/USAID Project, carried out from April 2006 through September 2009, came to a close. During this period, the Project overcame great challenges through an understanding, and coordination with MINSA, as the principal partner, and through the dedicated work of the network of community volunteers.

During this trimester, the epidemiological emergency confronting the country, in the form of Human Influenza A H1N1, continued to present a sizeable challenge for the Project. The Project continued the dynamic of supporting actions coordinated by MINSA and SINAPRED, which strengthened and provided cohesion for the work carried out by and between health personnel, the organizations and the network of volunteers.

Upon completion of this first phase, a great majority of the established goals were achieved, the most substantial Project achievements being the following:

- Strengthening of managerial and technical capacity of health personnel and the volunteer network, in the management of community strategies, via the training process developed by the Project,
- Implementation of the strategies in more than 1,000 communities, with attention provided to more than 10,000 children during the monthly weighing sessions; more than 4,000 pregnant women were given attention during the year through the Birth Plan (BI); almost 50,000 youths and persons of reproductive age received messages regarding family planning and STD/HIV prevention; and more than 16,000 families used some form of water treatment for domestic water consumption.
- Implementation of the Coloring for Health Strategy as an initiative focusing on sanitary education in the schools, which complemented community strategy activities, executed in 80 schools with more than 5,000 children in grades 1 through 3.
- Projection of FamiSalud/USAID in national structures and inter-agency / inter-institutional labor commissions, to discuss and support norms and protocols in relation to topics of interest involving the country's public health.

Activities will continue during the Project's second phase, beginning October 2009 and ending in September 2011.

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## I. PROJECT PROGRESS

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This chapter presents Project progress in each of the three previously determined Project results.

### **Result 1: Integrated Community Health Program (ICHP) developed and implemented, contributing to MINSA's health attention model.**

Within this result we present the progress of the program to strengthen the managerial and technical capacity of community resources and MINSA personnel, as developed by FamiSalud/USAID. Additionally, we present the reach of the Project in terms of geographic coverage in each strategy, and how much of the population received attention or has benefited from the strategies.

Intermediate Result 1.1 was implemented entirely during the first year of the Project. This result was directed toward the organization of the community program which contained the community strategies implemented by the Project.

#### **R.1.2: Strengthening of managerial and technical skills of health personnel, volunteers and municipal councils**

The goals proposed for the instruction and practical training of the actors involved in the Project have, for the most part, been reached in a satisfactory manner. In this trimester, few events were held and the data shown in the previous trimester report have changed only slightly.

##### **▪ Community Volunteer**

During this period, the volunteer network received training in Life-Saving Skills. Forty midwives were trained in the western region, bringing the level of compliance with the established goal to 97% (Table 1). This activity had been postponed due to the emergency situation created by Human Influenza A H1N1 which occurred in the previous months.

During the life of the Project, a substantial number of volunteers were trained (7,977) in the various strategies. Of these, 61% were women, indicating that women continue to play an important role in caring for the family's health and the community. The number of volunteers who were trained surpassed programmed goals; this was due to various factors, such as:

- The need for more trained volunteer resources to attend to the benefit population. Due to the number of maternal deaths, the North, Central and Atlantic SILAIS solicited increased action from Birth Plan, ECMAC and Family Planning.
- In regard to PROCOSAN, a greater number of volunteers were trained as a result of volunteer turnover. The turnover was due to volunteers assuming other responsibilities in the community or within their families.
- Demand from MINSA and the population, as a result of emergency situations such as Human Influenza A H1N1 this year and the emergency in the west due to flooding from the previous year, resulted in the training of more volunteers in the area of Safe Water, to attend to the communities benefited by the Project and other affected neighboring communities.



**Table 1.** **Community Volunteer Training**  
**USAID /FamiSalud Project. September 2009**

Topics Covered / Strategies	Goal of Life Project	Community Health Volunteers			Level of Compliance
		M	W	Total	
PROCOSAN *	2300	1093	1661	2754	120%
Birth Plan *	1611	963	1697	2660	165%
ECMAC*	806	358	775	1133	141%
Life Saving Skills	537	32	488	520	97%
HIV Prevention*	685	467	616	1083	158%
Water Disinfection Methods	1074	1021	1542	2563	239%
Coloring for Health	112	40	72	112	100%
Changing Behaviors	20	5	15	20	100%
Influenza A H1N1		1507	2473	3980	
<b>Total Trained (no duplicates)</b>	<b>7013</b>	<b>3077</b>	<b>4900</b>	<b>7977</b>	<b>114%</b>

\* OP Indicator

M: Man; W: Woman

Source: FamiSalud Information System/USAID.

#### ▪ **MINSA Personnel and NGO Personnel**

The quantity of human resources trained, from both MINSA personnel and NGO technical staff, reached a satisfactory level during previous trimesters, and therefore in this period there were no training events. The data presented in Tables 2 and 3 do not vary in comparison with the previous trimester report.

**Table 2.** **MINSA Personnel Training**  
**USAID /FamiSalud Project. September 2009**

Topics Covered / Strategies	Goal of Life Project	Health Personnel			Level of Compliance
		M	W	Total	
PROCOSAN	530	135	399	534	101%
Birth Plan	266	221	705	926	348%
ECMAC	266	92	365	457	172%
Life Saving Skills	133	23	97	120	90%
HIV Prevention	99	41	53	94	95%
Water Disinfection Methods	133	125	166	291	219%
Coloring for Health	37	12	25	37	100%
Changing Behaviors	10	1	9	10	100%
Influenza A H1N1	-	170	470	-	100%
<b>Total Trained (no duplicates)</b>	<b>1427</b>	<b>356</b>	<b>1104</b>	<b>1460</b>	<b>102%</b>

M: Man; W: Woman

Source: FamiSalud Information System/USAID.

In some areas, such as Birth Plan for a Safe Pregnancy and Community Distribution of Contraceptives (ECMAC), the proposed goal was surpassed, due principally to the fact that the Jinotega, Matagalpa, Rio San Juan, RAAN and RAAS SILAIS offices requested training for additional personnel to combat maternal and perinatal deaths. The requests came as a result of the "Maternal and Perinatal Safety Forums" which have been carried out in different municipalities with the participation of a variety of actors from the community, and in which emergency action plans were prepared. In terms of Safe Water,

and Environmental Health and Sanitation, the increase in trained personnel was due to the emergency situation of flooding which occurred in the western region (Leon and Chinandega) and Las Segovias (Esteli), with outbreaks of leptospirosis and diarrhea. As a result, more health personnel were trained in methods of water disinfection and environmental sanitation to deal with the emergency.

In terms of NGO personnel, there was no increase in compliance toward the goal, and the areas that exceeded 100% did so due to new personnel entering the organizations.

**Table 3.** **NGO Technical Team Training**  
**USAID /FamiSalud Project. September 2009**

Topics Covered / Strategies	Goal of Life Project	NGO Technical Team			Level of Compliance
		M	W	Total	
PROCOSAN	80	50	31	81	101%
Birth Plan	80	48	38	86	108%
ECMAC	64	39	27	66	103%
Life Saving Skills	32	24	13	37	116%
HIV Prevention	48	29	26	55	115%
Water Disinfection Methods	160	107	80	187	117%
Coloring for Health	157	64	93	157	100%
Changing Behaviors	27	12	15	27	100%
Influenza A H1N1	-	46	61	107	-
<b>Total Training (no duplicates)</b>	<b>160</b>	<b>107</b>	<b>80</b>	<b>187</b>	<b>117%</b>

M: Man; W: Woman

Source: FamiSalud Information System/USAID.

### **R.1.3: Development of health strategies to improve and broaden health services and provide education in maternal-child health, and sexual-reproductive health**

#### **1.3.1. Community Organization and Participation**

In this first phase, the project's geographic coverage reached 1,237 communities, which represents 92% of the global goal, and many strategies reached 100% compliance. Two strategies improved their level of coverage compared to the previous trimester as seen in Table 4: Birth Plan increased from 107% in the previous trimester to 108% in the current period, and Life-Saving Skills (LSS) increased from 73% to 84%.

In the previous report it was mentioned that Life-Saving Skills activities in the western region were postponed due to the emergency situation surrounding the Human Influenza A H1N1 pandemic. These activities were taken up again in this trimester with the participation of personnel from the health units.

**Table 4.** Community Coverage by Strategy  
USAID /FamiSalud Project. September 2009

Implemented Strategies	Goal of Life Project	From 2007 to Jun 09	Jul / Sep 09	Accumulated	Level of Compliance
Communities attended by the Project	1342	1237	0	1237	92%
Health Units attended by the Project	333	319	0	319	96%
PROCOSAN	1150	1103	0	1103	96%
Birth Plan	537	572	10	582	108%
Life-Saving Skills	537	393	35	451	84%
ECMAC	403	400	0	400	99%
HIV Prevention Strategy	403	444	0	444	110%
Water Disinfection Method	537	446	0	446	83%
Behavioral Change Method	25	25	0	25	100%
Schools Coloring for Health	80	80	0	80	100%

Source: FamiSalud Information System/USAID.

### 1.3.2. Child Health

The data regarding the average number of children under two attended in the PROCOSAN weighing sessions each year is presented here. The years are based on the fiscal year period; Year 2007 encompasses October 2006 through September 2007; Year 2008 encompasses October 2007 through September 2008 and Year 2009 – October 2008 through September 2009.

Some 56% of the children from the communities were incorporated into PROCOSAN in the first year of the Project. This percentage has increased progressively to arrive at 105% (12,071) at the close of Phase One, in September 2009. This increase was expected, given that through the gradual increase in the implementation of PROCOSAN each trimester, more communities were added; in 2007, 537 communities; in 2008, 980 communities; for the third trimester of 2009, some 1,103 communities were registered. The initial goal stipulated an average of almost 10 children per community. At the end of the Project, an average of almost 11 children per community was reached.

The regulations of PROCOSAN establish 85% as the minimum level of attention of children under two found in the community census. This is considered adequate for the proper functioning of the program.



The average number of children attended in the monthly weighing sessions increased gradually. In 2007, 82% were registered, just 3% below the Established Program Goal (EPG). In 2008 the percentage increased to 85%, and in 2009, the percentage arrived at 3% above the EPG, with 88%.

Some 80% of the children who have attended the weighing sessions more than once have satisfactory growth, an amount which is 5% above the EPG. The level of unsatisfactory growth for two consecutive months dropped substantially, from 12% in 2007 to 7% in 2008 and 2009. These important achievements in the health and welfare of the children were made possible by the work carried out by the health brigade workers, supported with education materials and the accompaniment of health personnel from MINSA and technicians from NGO's, who, in a collective manner, have been able to identify situations of risk and to provide adequate counseling to the mothers.

Another data that reveals the improvement in children's health care is the percentage of minors who have received all their vaccinations according to their ages. In the first year of the Project, 92% had complete vaccinations. In 2009 this percentage increased to 96%. This was the result of work planned jointly by the community volunteer network and health personnel, in which the latter accompanied the weighing sessions and at the same time provided the vaccinations to the children.



In regard to attention given for diarrheal diseases, a gradual reduction was seen, going from 5% in 2007 to 2% in 2009. This significant reduction of diarrheal cases can be linked to potable water disinfection activities, and hand washing at critical moments, promoted by the health brigade workers, Blue Bus personnel and teachers who participated in other forms of sanitary education, such as Coloring for Health, which has contributed in a positive manner to reducing the number of cases.

Children who presented with diarrhea received treatment with Oral Rehydration Salts (ORS) and counseling regarding seeking medical attention in a timely fashion when the signs of dehydration begin to appear.

The number of children who presented with symptoms consistent with pneumonia also experienced a decrease, going from 3% in 2007 to 1% in 2009. Although in 2008, referrals of these cases to the health unit decreased (51%), in 2009 a greater effort was made, and the referrals improved by 20 percent, due principally to the accompaniment of the health personnel in the weighing sessions who have provided medical attention in a timely fashion, as well as to improvements in the volunteer network's capacity to detect signs of pneumonia.

Table 5. Average of Children Attended in PROCOSAN  
USAID /FamiSalud Project. September 2009

INDICATORS	Goal DP	Average of Children Attended					
		FY07	%	FY08	%	FY09	%
Goal of children under 2 years of age	11450	6460	56%	10205	89%	12071	105%
% of children under 2 who attended weighing sessions*	85%	5307	82%	8634	85%	10613	88%
% of children under 2 with satisfactory growth	75%	3393	73%	6060	79%	7643	80%
% of children under 2 with unsatisfactory growth in 2 weighing sessions	7%	567	12%	563	7%	527	7%
% of children under 2 with incomplete vaccinations for their age	-	442	8%	530	6%	474	4%
% of children under 2 attended with diarrhea *	5%	286	5%	220	3%	239	2%
% of children under 2 attended with pneumonia	-	148	3%	137	2%	123	1%
% of children under 2 attended with pneumonia referred to a health unit	-	141	95%	70	51%	89	72%

\* OP Indicator

Goal DP: Goal Described in the Program

Source: FamiSalud Information System/USAID.

### 1.3.3. Sexual and Reproductive Health

In this section we present information on the results obtained by FamiSalud in areas related to maternal health such as Family Planning and Birth Plan, as well as presenting data on the results of the actions developed for STD/HIV-AIDS prevention.

#### ▪ Family Planning

At the end of this first phase, 400 communities are found implementing ECMAC, which represents 99% compliance with the established goal. A total of 49,564 men and women between 15 and 49 years of age have received messages on family planning and other topics of reproductive health, 69% of them being women. Among these women, 21% use some form of birth control provided by ECMAC posts. On average, 123 persons per community have been provided information. See Table 6.

Surpassing family planning goals was due to the North, Central and Atlantic SILAIS offices requesting broader actions in this area, as part of the action plan to stop the increase in maternal deaths. The organizations, together with health personnel and the volunteer network, provided messages on the importance of the use of birth control, danger signs during pregnancy, birth and post partum, seeking attention from the health unit and other topics.

**Table 6. Persons who have received messages regarding Family Planning and Reproductive Health USAID /FamiSalud Project. September 2009**

INDICATORS	Goal Life of Project	2007 to Jun 09	Jul - Sep 09	Accumulated	Level of Compliance
Number of women who received messages regarding FP and RH*	24,180	33,884	151	34,035	141%
Number of men who received messages regarding FP and RH*	9,672	15,422	108	15,529	161%
Number of women recruited for ECMAC	4,836	7,040	91	7,131	147%

\* OP Indicator

Source: FamiSalud Information System/USAID.

#### ▪ Birth Plan for a Safe Pregnancy (BP)

Birth Plan for a Safe Pregnancy was established in 582 communities, representing 108% compliance with the established goal. On average, 11 pregnant women were attended per community. Some 99% of the pregnant women identified during the census developed their own BI. Of all the women who gave birth (3,847), 88% did so in the health unit.

It is important to point out that even when the Birth Plan Manual existed, designed by the community network, it did not contain adequate illustrations that might have facilitated a better understanding of the manual's contents for community personnel. Therefore, after a process of redesign, and field testing, adjustments were made to the illustrations. These adjustments have currently been approved by MINSA's area of health promotion for their definitive incorporation and the re-printing of the Manual.

The use of Birth Control Methods (BCM) by recently delivered women increased 2% compared to the previous trimester (68%). Some 73% of postpartum women received a follow-up visit from the midwives or volunteers during the first 3 days following birth, to detect danger signs in newborns and mothers. These results have been positively affected by the presence of ECMAC posts, as well as the creation of a BP in which women have decided, in conjunction with their partners, to use birth control following the birth.

**Table 7. Maternal Health USAID /FamiSalud Project. September 2009**

INDICATOR	Goal Life of Project	2007 to Jun 09	Jul - Sep 09	Accumulated	Level of Compliance
Number of pregnant women registered	5,269	6,578	46	6,624	125%
% of pregnancies with Birth Plan	5,269	6,422	46	6,531	124%
% of women who gave birth in a health unit	4,215	3,250	103	3,370	80%
Number of postpartum women registered	4,215	3,683	140	3,847	91%
% of women who spent postpartum in the health unit	4,215	3,288	111	3,399	81%
% of post artum women with a BP, who use contraceptives	4,215	2,777	80	2,857	68%
% of postpartum women or newborns who received visit in first three days*	4,215	2,973	103	3,076	73%

\* OP Indicator

Source: FamiSalud Information System/USAID.



## ▪ **STD-HIV**

The STD-HIV Prevention Strategy was implemented in 444 communities, representing 110% of the established goal. A total of 40,000 men and women were exposed to the strategy, receiving messages on “abstinence and fidelity” as safe and reliable forms of prevention. More than 31,000 people received messages regarding STD-HIV prevention using the condom as a consistent and adequate form in all sexual relations.

The goals were surpassed due to the efforts of the technical teams of the organizations implementing FamiSalud, as well as community personnel, all of whom, convinced of the need and importance of providing clear, truthful and simple information on the topic of HIV/AIDS, accelerated the process of disseminating information, while increasing the number of communities benefitted. In addition, the methodology used to cover this area of concern, which was quite participatory, turned out to be very attractive to the rural population. Some of the ways and circumstances in which this education strategy was developed included groups of reflection, sports gatherings and education sessions in religious centers, among others.

**Table 8.** **STD-HIV**  
**USAID /FamiSalud Project. September 2009**

INDICATOR	Goal of Life Project	2007-Jun 09	Jul - Sep 09	Accumulated	Level of Compliance
% of women who received messages re: STD-HIV prevention with abstinence and fidelity *	18069	25163	141	25304	140%
% of men who received messages re: STD-HIV prevention with abstinence and fidelity *	15006	15287	307	15594	104%
% of women who received messages re: STD-HIV prevention using a condom*	13323	18382	178	18560	139%
% of men who received messages re: STD-HIV prevention using a condom*	10982	13045	173	13218	120%

\* OP Indicator

Goal DP: Goal Described in the Program

Source: FamiSalud Information System/USAID.

## **1.3.4. Environmental Health**

In the Environmental Health Component, varied strategies were implemented oriented toward improving the hygiene and sanitary conditions of the families with resources found in the community, such as the use of disinfection methods, Coloring for Health and Changing Behaviors. The results are presented below.

### ▪ **Safe Water – “Healthy Water House”**

The strategies of Safe Water and “Healthy Water House” were implemented in 446 communities, reaching 16,391 families which use some method of disinfecting water for consumption and household use. On average, 37 families were attended in each community. During the period of one year, each family has treated an average of 4 liters of water daily, the most popular method being the use of chlorine (74%), followed by water filtering (11%), SODIS (9%) and boiling water (6%).

Surpassing compliance in these indicators is due to extending the strategy to more families than originally programmed, as a result of the emergency situation involving leptospirosis in Leon, Chinandega and Esteli, as well as the flooding which took place at

the end of last year. Attending to an average of 26 families per community was originally planned but due to the demand of the communities, there was a need to extend the strategy to a greater number (average of 37 families), which signified a super effort on the part of the volunteer network, in order to carry out the activities and follow-up required by this strategy for counseling, accompaniment and data collection.

**Table 9.** **Environmental Health**  
**USAID /FamiSalud Project. September 2009**

INDICATOR	Goal Life of Project	2007 to Jun 09	Jul - Sep 09	Accumulated	Level of Compliance
% of families with children < 5 yrs with water treated by some method	13,849	16,161	230	16391	118%
% of liters of water treated by some method by the family *	11,934,163	19,291,988	256,157	19,548,145	164%

\* OP Indicator

Goal DP: Goal Described in the Program

Source: FamiSalud Information System/USAID.

#### ▪ **Coloring for Health Methodology**

Coloring for Health is a school sanitary education strategy promoted in close coordination with MINED authorities and teaching staff in the departments of Matagalpa, Jinotega and the RAAS. The strategy was implemented in 80 scholastic centers in which an average of 73 students per school was attended, in the first through third grades of primary school. Thirty educational sessions were held in each school.

**Table 10.** **Coloring for Health Coverage**  
**USAID /FamiSalud Project. September 2009**

Description	Goal Life of Project	Realized Life of Project	Level of Compliance
Schools benefitted with Coloring for Health	80	80	100%
Teachers trained with Coloring for Health	204	204	100%
Students benefitted with Coloring for Health	5,840	5,835	100%
Sessions developed with Coloring for Health	2,440	2,441	100%

The educational sessions are developed by teaching staff, with a principal focus on caring for environmental health, the promotion of human sanitary hygiene habits and the protection of the environment. In evaluation sessions held with teachers, they made the following commentaries regarding the implementation of this teaching strategy:

- The educational community recognizes that *“the use of the didactic material promotes the creativity, use and adequate combination of colors, drawing abilities, group integration, self-confidence and reading-writing, in the first grade student population.”*
- The methodology has been accepted with much enthusiasm because it provides the teaching staff with content and tools that permit them to reinforce the link between environmental education and other class content. It also integrates school sanitary education into the curriculum in an organized manner.
- Providing didactic material and support material (soap, wastebaskets, hand towels, etc) to the schools has contributed to reducing possible barriers to practicing the proper hygiene habits promoted by the methodology.
- *“The children are motivated to improving and maintaining the practice of hygiene habits, personal appearance and classroom cleanliness in a sustained manner.”*



- The Coloring for Health methodology includes a monitoring guide with 16 indicators, 10 of which are linked directly to key behaviors promoted in the communities.

### ▪ **Changing Behaviors Methodology**

The FamiSalud/USAID Project has established coordination, within the framework of the Child Survival Project carried out by CRS, for the development of the “Changing Behaviors in the Male Population” initiative, being conducted in 20 communities located in the municipalities of Matiguas, Rio Blanco and Paiwas, in the department of Matagalpa. The activities developed have been:

- Introductory workshop on the Changing Behavior methodology oriented toward working with men, in which 18 people participated (4 women and 14 men), including 3 municipal representatives from MINSA.
- In this workshop, Formative Investigation was planned out, using the baseline study and a qualitative investigation conducted in prior months. The results obtained during this workshop were:
  - Improvement in the knowledge of the participants regarding basic concepts of the methodology, as measured using a pre- and post-test.
  - Elaboration of three (3) guides for focus groups and two (2) guides for in-depth interviews, which will be validated in the final version.
- Practical workshop on managing focus groups, in-depth interviews and validation of instruments. With the technical team trained in the first phase, practice sessions were carried out in the application of the techniques and instruments for the collection of data. For this purpose, visits were made to communities where the instruments were tested on pregnant women, adolescents and men.
- Discussion on protocol and proposal for the field research plan. The protocol was discussed with the technical team (CRS-Caritas and MINSA), and three (3) field research teams were defined, and 10 communities from 3 municipalities were selected.

### **1.3.5. Other Additional Activities**

#### ▪ **Community Mobilization with the Blue Bus – Support for MEDRETE**

Support was given to the medical brigade from U.S. Southern Command during their mission to provide medical attention on the ship “Comfort”, known as “The Promise Continues 2009”, carried out in the municipality of Chinandega, in the Health Center “Carmen Salmerón” in July 2009. This activity was carried out with the Blue Bus in coordination with Plan Nicaragua and MINSA.

On this occasion, 90 talks were given on topics of health prevention, such as: feeding children under 2 years, breastfeeding (positions for nursing), water disinfection methods, hand washing and tooth brushing techniques, prevention of Human Influenza and intestinal parasites. Approximately 4,162 people participated in these educational



Educator from the Health Center “Carmen Salmerón” giving a talk on Human Influenza.

activities. The talks were carried out by the educator of the Blue Bus and two student nurses from Leon.

Promotion and information activities were also held with those persons awaiting medical attention. Three hundred posters and booklets regarding the prevention of Human Influenza were distributed, as well as 1,500 pamphlets on the topic of hand washing, 75 posters on the SODIS solar water disinfection method, and taped messages as well as other information on health prevention were employed.

During these activities, a visit was received from the U.S. Ambassador and the Vice President of the Republic, who participated in the practical demonstrations of hand washing and interactive activities in the internal compartments of the Blue Bus.

In the compartments of the mobile unit (Blue Bus), 842 people were attended, including children and adults of both sexes, who practiced hand washing, tooth brushing, observation of water quality using a microscope and informational talks on methods of water disinfection.



U.S. Ambassador Robert Callahan  
enters the Blue Bus Mobile Unit



Preschool children practicing hand washing in their classroom,  
in the "California School"

- **Community Mobilization with the Blue Bus – Support for CHES**

In conjunction with the Children, Health, Education and Supporting Services Project (CHES), visits were made to schools in the community of Nandayosis 2 and California, in the municipality of Villa El Carmen, Managua.

Two health events were held, with their respective cultural and educational activities in the classrooms, as well as the contest "The Cleanest Classroom". Through these activities, students in preschool and primary school were attended, with the participation and aid of Project Chess promoters, teachers and educational staff from the schools.

A total of 177 children participated in the activities held in the classrooms, and an equal amount were attended in the compartments of the Blue Bus mobile unit, in which pamphlets on hand washing were distributed. In Table 11 are presented the overall and detailed data on those persons attended.

<b>Table 11</b> <b>Summary of Activities</b> <b>USAID/FamiSalud Project- September 2009</b>			
<b>Activity</b>	<b>Masculine</b>	<b>Feminine</b>	<b>TOTAL</b>
Carried out inside the Bus	510	509	1019
Talks on Health and Prevention	798	3,364	4,162
<b>TOTAL</b>	<b>1,308</b>	<b>3,873</b>	<b>5,181</b>

## **Result 2: Managerial capacity of NicaSalud Network Federation strengthened**

This section presents the final results obtained during the first phase of the FamiSalud/USAID Project, which included concrete and direct actions for strengthening the Federation.

### **R.2.1: Accounting procedures by project applied**

This result was aimed at reinforcing procedures in the area of accounting related to the transparent and efficient management of financial resources, by project, and their tracking through financial monitoring. During the course of this first phase of the Project, the accounting manuals and the financial monitoring have been reviewed and updated, the financial monitoring being the same that has been carried out during the execution of the Project itself.

Accounting procedures have continued to be incorporated into this trimester period including the NGO sub-contractors as well as expenses generated from the office.

A plan of financial monitoring visits was carried about in relation to the sub-grants, which provided the opportunity to directly support the executing organizations. Some of these financial monitoring visits were carried out at the close of operations with organizations which will not be continuing in the extension of FamiSalud/USAID.

### **R.2.2: Budget tracking by project**

As part of the process of closing the first phase of the Project, reconciliation visits were made to the organizations according to the closing date of the sub-donation agreements. In these visits, follow-up was given to the improvement plan created jointly by the office and each organization, as well as rectifying specific findings of the external audit. A part of the supervision is aimed at reviewing the budget execution according to what was established in each one of the rubrics.

Ninety percent of the programmed visits were executed and at the close of the trimester, the projects that execute Profamilia-Siuna, INPRHU-Somoto, Ixchen-Las Segovias, Hope-Boaco, CEPRESI-Chontales, PCI-Jinotega and CEPs-Las Segovias were reconciled.

The official closing documents were signed with the organizations which had no findings pending, which had completed their counterpart reports and which have up-to-date inventories and statements of rendition or closing documents. The closure of all the projects of the first phase will be concluded in the following trimester.

In general, there was broad recognition and responsibility shown for the application of the Project budget, on the part of the executing NGO's and the technical office, which led to there being no major differences between the budget and expenses during this first phase.

### **R.2.3: Indirect costs of the Federation defined**

One aspect of strengthening the Federation is the definition of indirect costs via a study of costs. In order to accomplish this result, reference terms were elaborated which were later reviewed by USAID officials and approved during this trimester. We proceeded to carry out a bidding process with the participation of auditing firms approved by USAID and finally accepted one of these firms. The process that the analysis of indirect costs entails will be developed in the next trimester.

The general objective of this study is to review the direct and indirect costs registered by the Federation during the selected year, for which classification criteria for said costs must be defined, and to determine the preliminary percentage relationship of the indirect costs that the Federation incurs in the administration of its diverse activities.

### **R.2.4 Request and allocation of financial resources for sub-recipient and programmatic monitoring implemented**

This result was obtained in the first year of the Project with the direct support of PRONICAS/USAID, which executes MSH in Nicaragua, and which played an important role in NicaSalud having available a Manual for the Management and Adjudication of Resources.

This document was used for the adjudication of funds to NGO members of the Federation in the first phase of FamiSalud/USAID. It has also been used in other projects in which NicaSalud is the Primary Recipient of financing and thus, must carry out a process of adjudication of sub-grants to other organizations and state institutions.

This experience in the process of fund adjudication will be used during the new process to be implemented in the extended phase of FamiSalud/USAID.

### **R.2.5: Standard procedures and norms for the acquisition of goods, works and services**

During this period, the area of contracts and acquisitions executed 47 purchasing processes according to the procedures and norms established in the Federation's manuals, the total amount of purchases being US\$ 23,935.00 (twenty-three thousand, nine hundred and thirty-five dollars).

The principal supplies acquired were:

- Educational and informative material on the topics of breastfeeding, contraceptives, workshops on the prevention of Human Influenza, evaluation of the environmental health component in conjunction with the SODIS Foundation, reproduction of child health pamphlets.
- Purchases of logistical support such as airline tickets, basic supplies and consumables for office maintenance, and the maintenance and reparation of vehicles.
- Contracting with an auditing firm to carry out the FamiSalud Project financial auditing.

As established in the manual, to facilitate the purchasing process, a pre-selection was made of qualified providers to allow us to optimize available resources. This process will continue in the next months to broaden the base of qualified providers.

#### **R.2.6: Managerial and procurement capacities of the critical process of the NGO members of the Federation improved**

A course was provided, entitled “**Management and Leadership with a Systemic Focus on Management by Processes**” for the purpose of providing managerial tools to the member organizations of the NicaSalud Network, to strengthen their performance. The overall objective was to: *provide a managerial tool to member organizations of NicaSalud to strengthen their performance, stimulate efficiency and to allow them to reach their proposed objectives.*

Organization	No. participants
ProMujer	4
Padre Fabretto Family Association	3
Arco Iris Foundation	4
Friends of the Americas	2
Project HOPE	3
CEPRESI	3
Association for the Development of Small Towns	3
INPRHU Somoto	4
<b>TOTAL</b>	<b>26</b>

Twenty-six people from 8 organizations participated in this course comprised of 7 sessions of instruction and exchanging experiences, which began in February of this year.

The course was facilitated by PRONICASS-USAID, which executes MSH, within the

framework of coordination and cooperation between USAID partners.

Participants in the course were satisfied with the content and usefulness of the course, from a personal as well as organizational viewpoint.

“I loved everything about leadership, and the creation of the manual for my institution was excellent, the formulation of the vision, the mission, the systems, etc...”

**Martha Alvarez Cáceres, participant from INPRHU Somoto**

“...I think it is important to continue with this, incorporate new member organizations of NicaSalud, so that they too can experience this process...”

**Johana Rivas, Executive Director Friends of the Americas**



Participants and facilitators of Course on Management and Leadership



### **Result 3: Strengthening the Federation in Networks and Impacting Policies**

For this result we present information related to the strengthening of networking between the organizations of the Federation and political impact activities in topics relevant to the nation. A description of the activities is provided.

#### **R.3.1: Strengthening of the Federation's Institutional Capacity**

The capacity of the Federation was strengthened through a learning process which was developed in the last semester of the project, in which various activities were carried out:

Sessions for reflection, in which NGO members of the sub-networks participated, were held for the purpose of defining a list of topics and potential actions in which the Federation might broaden its approach and work in the future. Eleven NGO members participated: ADRA, IXCHEN, Project HOPE, CRS, PROFAMILIA, Friends of the Americas, Arco Iris, CEPS, ALISTAR, INPRHU y FUNDEMUNI. In this process, 33 potential areas of action were selected, whose main themes revolve around: Health, Climatic Change and Food Security.

A workshop entitled “**Obtaining Creative and Innovative Ideas**” was provided by World Vision (a member of NicaSalud) to the members, in which tools were provided for improving processes and decision making in regard to innovation and creativity.

As part of the evaluation process for the first phase of the FamiSalud/USAID Project, the sub-network Las Segovias organized a meeting with the objective of exchanging skills, experiences, lessons learned, limits and obstacles encountered during the execution of said project. The participating organizations were ADRA, ALISTAR, IXCHEN, CARE, CEPS e INPRHU. During this meeting the following issues were discussed:

- Review of the mixed model in the management of the FamiSalud/USAID Project, with the participation of MINSA and the executing organizations.
- Analysis of the implementation of community strategies (developed with the Project), oriented toward better practices, and practices which were not all that positive or that didn't function as expected.
- The networking experience of Project members. The functioning of coordination, exchanges among members, which were the best practices and what functioned best, as well as the limitations or those aspects which did not function in an adequate manner.

#### **R.3.2: Strengthening the Role of the Federation in Impacting Policies**

##### **Maternal Health Forums**

The Women's and Children's Health Forums continue, facilitated by the respective SILAIS teams with the technical and financial support of the Federation's member organizations and the technical office of NicaSalud. Following the request received from MINSA, a total of 28 Multi-Sectorial Forums on this topic have been held.

In this trimester, two forums were held:

- In San Sebastian de Yali-Jinotega with the participation of 127 people from the following organizations: SILAIS, Mayor's Office, MINED, MAGFOR, Project ENLACE, Commercial Suppliers of Medicines, Samaria Cooperative, Maternal House, Health Promoters, Brigade Workers and Midwives. The NGO Wisconsin Nicaragua Partners, a member of the Network, directly supported the realization of this forum.

- San Juan de Rio Coco, Madriz, in which more than 70 persons attended. Among the institutions and organizations present were: MINSA, Maternal House, ALFA EDA, Governmental Delegate for Citizen Power, Program Love, communications media, Mayor's Office, Red Cross, National Police, MINED, INSS, the courts and students. Health volunteers from different communities also participated.
- In conjunction with the Executive Team from SILAIS-Jinotega, the municipal directors, the director of the hospital, the AECID and FamiSalud organized a work session to analyze the results of the implementation of the Health Forums in the SILAIS. Among the results mentioned are the following:
  - The forums have provided the opportunity for coordinated work between MINSA and the different actors in the municipalities and departments, through which it has been determined that the problem of maternal death is not solely the responsibility of MINSA. The health representative from the municipality of Wiwili said, *"It is an important opportunity on a local level to bring awareness to the different community actors on the topic of Maternal Death and the associated social factors."* The official from Bocay related that, *"Before the Forum there had been no integration of the institutions. Since the first Forum, there has been greater integration of the Mayor's Office, other governmental delegations, and the community network."*
  - This initiative has been able to motivate the different social actors from the Department, in the fight against maternal and perinatal deaths, and a greater closeness of health personnel to the population and institutions has been seen. The Director of SILAIS said, *"...they are very positive, and we have not relegated this initiative to just the Departmental level, but have taken it to the communities as well."* The community representative from Bocay said, *"...now MINSA is leaving its offices and is closer to us."*
  - They have allowed us to approach maternal and perinatal death with a wider vision, not only reflecting on the medical causes but also suicide, violence and pregnancies in adolescents. In regard to the Forum participants, the municipal representative of MINSA said, *"...the impact of maternal death due to violence really caught our attention."* A volunteer from El Bote, a community located in the municipality of El Cua also commented, *"...we have also identified cases of violence. Thanks to this, we have not had maternal deaths this year."*

In general, as a product of the activities relating to impact that have been being carried out around maternal health, it is felt that FamiSalud/USAID has received a high degree of recognition from MINSA Central and the SILAIS for the support and collective effort that has been developed in the last year, to prevent maternal deaths. MINSA's leadership has also been recognized. The methodology applied in the forums has been inclusive, which has provided for a high degree of participation from other sectors present on the local level.

In this context, a series of messages and educational materials have been designed, such as technical information sheets, banners, banners strung across streets, and pamphlets, which have been placed in visible areas where the forums have been held. In the RAAN, the signs over streets were designed in Spanish and Miskito.

### **International Contraceptives Day**

The Project participated in a joint effort carried out by four USAID partners, to celebrate International Contraceptives Day, for which two sets of activities were held:

- Information and education by means of social communications media (radio and television); two television programs and three radio programs were visited. The principal topics covered were the importance of family planning, modern methods of birth control, country statistics on the use of contraceptives and on ECMAC.

- Contraceptives Fair; PASMO and the Master's Program in Sexual and Reproductive Health of the UNAN Managua were opening a clinic to provide attention in Sexual and Reproductive Health for students. This provided the opportunity to organize a fair whose theme was contraception. The four USAID partners participated and there was an opportunity to share experiences developed during the last few years in the country, with the support and funding of USAID. NicaSalud member organizations who have broad experience in this area also participated, including PROFAMILIA, IXCHEN y CEPRESI. During the fair, counseling was provided and family planning methods were distributed. It is estimated that more than 500 adolescents and youths participated.



### **Other Areas of Impact**

- The progress and accomplishments of the FamiSalud/USAID Project were presented in the I Congress of Health Workers. The presentations were given by MINSA personnel, who demonstrated achievements regarding the reduction of maternal and perinatal mortality in some municipalities and the increase in health services coverage, as a product of the work carried out by the Project.
- An invitation was received from MINSA Central to participate in the review and validation of the AIEPI Manual. The FamiSalud/USAID Project, along with other organizations and institutions (UNICEF, PAHO, UPOLI, HCI Project, Red Cross, hospitals in Managua), has participated in more than seven work sessions where these and other topics were discussed:
  - Validation of the manual
  - Integration of the component on the prevention of the vertical transmission of HIV/AIDS and congenital syphilis
  - Formation of a national team to review the results of the validation of the community AIEPI manual and integration of adjustments into the manual, as well as the publishing of the document. This team is composed of PAHO, NicaSalud (FamiSalud/USAID) and MINSA.
- FamiSalud has provided financing to support the strengthening of the Comprehensive System of Nutritional Surveillance (SIVIN), through which the country's nutritional situation is monitored. In the National Commission on Micronutrients, of which NicaSalud is a member, topics related to the problems and programs of micronutrients have been discussed, including the rice fortification strategy and the industrial addition of iodine to salt. In the ordinary session of this commission a presentation and analysis of the results of SIVIN from the year 2007 were conducted. Additionally, a process of discussion and analysis regarding the decentralization of the system was carried out, based on the hypothesis that this decentralized model would



allow for the sustainability of the system. A decision has not been made as yet on this subject.

- For the purpose of promoting the actions of FamiSalud, the office of the Executive Director has coordinated and participated in diverse activities of national interest, such as:
  - For the purpose of strengthening coordinated work efforts which have been carried out with MINSA regarding Human Influenza Type A H1N1, a press conference was held in conjunction with the Secretary General of MINSA, in which activities planned and executed for the prevention of this illness in the Nicaraguan population were discussed - activities in which FamiSalud/USAID has contributed broadly, especially in the community coverage.
  - The actions carried out by FamiSalud/USAID for the promotion and practice of breastfeeding were demonstrated during the different activities programmed in the National Campaign for the Promotion of Breastfeeding, during which FamiSalud participated in the X National Fair, with murals and educational materials. The office of the Executive Director also participated in the “Forum on Breastfeeding in the UNAN Managua” and in the “Panel on Breastfeeding” in which other organizations and sectors participated, such as SoyNica and representatives from private enterprise.
  - A conference directed at personnel from PINE-MINED on the nutritional value of the egg for the prevention of human malnutrition, for the purpose of complementing the nutritional activities of FamiSalud/USAID with the teaching personnel.



Press conference with Dr. Josefina Bonilla and  
Dr. Enrique Beteta

## II. BUDGET EXECUTION

In this chapter we describe the progress made in financial terms, corresponding to the July – September trimester, 2009, with details on disbursements received and budgetary execution registered during the period in mention.

### Disbursements Received

In this period, two disbursements were received for a total of US\$ 208,774.99, with which the accumulated total (the entire life of the Project) becomes US\$ 7,683,419.00, an amount which represents 100% of the total obligated amount to the month of August 2009 (up to and including the month of August according to the Letter of Implementation No. 6, which bring the amount up to US\$ 7,683,419.00).

### Budget Execution

The total amount executed during this trimester was US\$ 448,048.93, with which the accumulated amount (during the life of the Project) totals US\$ 7,873,293.69. This accumulated amount represents 98% of the total budget which comes to US\$ 8,044,976.00. Details of budget execution by category of expense are found in the following table, where they are compared to the approved budget.

**Table 12. Execution vs Budget and Disbursements  
USAID/FamiSalud Project- September 2009**

BUDGET CATEGORY	Budget Year I-IV	EXPENSES					Budget Remainder 4 Years	% of Execution
		I Year	II Year	III Year	IV Year	Total		
Personnel	1,205,400.00	311,014.85	370,421.85	355,063.57	194,713.66	1,231,213.93	23,077.42	98%
Benefits	500,639.00	128,597.62	137,709.62	148,381.95	77,983.65	492,672.84	28,406.55	95%
Trips	342,437.00	38,011.34	87,908.18	71,243.95	42,346.60	239,510.07	52,689.93	82%
Equipment	154,143.00	120,572.11	8,827.89	5,725.89	9721.96	144,847.85	-12,458.85	109%
Supplies/ Services	261,219.00	80,886.25	77,240.15	94,544.43	50,302.65	302,973.48	9,011.52	97%
Sub-contracts	5,581,138.00	1,092,994.21	1,836,566.81	1,832,529.15	699,985.35	5,462,075.52	70,954.48	99%
<b>Total</b>	<b>8,044,976.00</b>	<b>1,772,076.38</b>	<b>2,518,674.50</b>	<b>2,507,488.94</b>	<b>1,075,053.87</b>	<b>7,873,293.69</b>	<b>171,681.05</b>	<b>98%</b>

### Disbursements to Sub-contractors

The amount disbursed during this trimester to the sub-contractors, with a cut-off date of September 30, 2009, comes to USD\$164,596.07, with which the accumulated total reaches USD\$4,744,080 during the entire life of the Project, and which represents 99% of the budget dedicated specifically to the sub-contracts executed directly by the organizations. The budget destined for this line comes to USD\$4,798,902.06 for the first phase of the Project.

The following table details the amount disbursed according to organization during this trimester.

<b>Table 13                      Disbursements of July to September Trimester, 2009</b> <b>FamiSalud Project/ USAID (14th Trimester)</b>	
<b>DESCRIPTION</b>	<b>DISBURSEMENT</b>
<b>NORTH</b>	<b>49,514.78</b>
PROJECT CONCERN INTERNATIONAL (PCI)	4,930.53
WISCONSIN NICARAGUA, PARTNER OF THE AMERICAS	5,489.24
CARE-NORTH	13,154.10
PROJECT HOPE -NORTH	11,447.39
ARCO IRIS	3,518.43
CATHOLIC RELIEF SERVICES (CRS)	10,975.09
<b>LAS SEGOVIAS</b>	<b>38,936.16</b>
ALISTAR NICARAGUA FOUNDATION	0.00
CARE- SEGOVIAS	-6,366.20
INPRHU-SEGOVIAS	3,582.14
CEPS-SEGOVIAS	1,140.02
IXCHEN -SEGOVIAS	3,449.19
ADRA	37,131.01
<b>WEST</b>	<b>22,394.17</b>
SAVE THE CHILDREN USA-WEST	22,394.17
<b>CENTRAL</b>	<b>24,931.04</b>
PROJECT HOPE - BOACO	0.00
CEPRESI-(CENTER FOR EDUCATION AND PREVENTION)	7,029.00
PROFAMILIA - RIO SAN JUAN	17,902.04
<b>ATLANTIC</b>	<b>28,819.92</b>
ALISTAR NICARAGUA-WASPAN FOUNDATION	2,913.67
IXCHEN	4,907.37
PROFAMILIA - SIUNA	-485.69
PLAN NICARAGUA-RAAN	14,298.24
INPRHU - RAAS	7,186.33
<b>GRAND TOTAL</b>	<b>164,596.07</b>

### Counterpart Funds

The commitment made to the Project regarding NicaSalud counterpart contributions has been fulfilled 99%. In Table 12 can be seen the counterpart contributions reported during the last trimester and the accumulated total during the life of the Project.

**Table 14.**                      **Counterpart Report according to Project**  
**USAID/FamiSalud Project- September 2009**

Sub-networks	Amount Reported		
	To June 2009	Jul – Sept 2009	Total
North	977,925.30	0.00	977,925.30
Segovia	56,957.78	75,171.54	132,129.32
West	120,259.80	189,300.00	309,559.80
Central	801,547.69	1,581.68	803,129.37
Atlantic	103,814.42	0.00	103,814.42
Technical Office	36,480.76	22,599.99	59,080.75
<b>Total</b>	<b>2,096,985.75</b>	<b>288,653.21</b>	<b>2,385,638.96</b>

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### III. NEXT STEPS

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In this chapter we present the strategic steps to be carried out in the next trimesters. In particular, from October through December 2009, specific actions will be developed for organizing the extension of the Project. The overall work plans are as follows:

- Carry out the programmatic and financial closure process in the projects run by organizations which will not be continuing with the extended Project.
- Finalize the study of Federation costs, which will provide us with objective information to identify and define the indirect and direct costs, in such a way as to be able attribute sums for necessary costs for future projects.
- Develop a process of adjudication of sub-grants to the organizations, for the execution of the Project in its extended phase. The process will be carried out in the most expeditious manner, which will allow us to provide continuity to the community strategies and other activities which have been developed during the first phase. One facet of the organizational aspect for the second phase will be the updated induction of officials from organizations that will be selected for the second phase.
- Develop an investigative process of three community strategies (ECMAC, Birth Plan and PROCOSAN), which have been promoted during the last few years in the country, with financing from USAID and other cooperation agencies. The objective is to conduct an evaluation of the processes that are developed in said strategies, to make improvements in their implementation and thus obtain more impact on the population.
- Continue having an impact on topics in Maternal and Perinatal Health in support of the effort that has been developed by MINSA on the national level, especially for the reduction of maternal and neonatal deaths. For this purpose, support and facilitation will continue for the municipal, departmental and national forums, or other multi-sectorial opportunities for reflection and analysis on the topic, as well as the preparation of informative and educational material.
- Preparation of detailed work plans: Annual Operations Plan, Purchasing Plan and Communications Plan for the second phase of the Project.